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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-45)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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HEADLINE: DOD Distributes Health Care Surveys
BUMED Washington (NSMN) -- In early December, the Department of Defense will send out health care surveys to about 160,000 randomly selected beneficiaries. If you get a survey, please fill it out and return it. The survey takes only about 30 minutes to complete and respondents will remain anonymous.

Questions on the survey will focus on your health, what kind of care you received, the availability of care, and your satisfaction with your care.

To get an honest picture of what beneficiaries think about health care, it is important that all Sailors and Marines, active duty and retired, and family members who receive the surveys respond. The military medical health care system needs an honest picture for future planning. The better the response, the better the plans.

-USN-

HEADLINE: Computer Age Reaches Physical Examination Departments
NAMI Pensacola, FL (NSMN) -- The days of hand-typed Physical

Examinations are over. The Naval Aerospace and Operational Medical Institute (NAMI) has developed a Physical Examination Automation process that has replaced the typewriter with the microcomputer.

This system is called MICRO-88. It provides Physical Examination Automation and an electronic bridge of information transfer that is being used by 130 BUMED Examination Departments worldwide. This microcomputer-based medical records processor was developed by NAMI's Clinical Data Management and Analysis Department.

Medical records technicians (MRTs) use the MICRO-88 to originate the Report of Medical Examination (SF-88) form. The MICRO-88 runs software that conforms with set NAMI Aviation Medical Data Base (AMDB) formats and Naval Aviation Medical standards requirements. Use of the MICRO-88 system has greatly enhanced the quality and completeness of the physical examinations submitted from the fleet.

The system aids Physical Examination Departments by providing medical record office automation and direct data transfer of the SF-88 to the AMDB. The MICRO-88 system also provides a quality assurance review of the SF-88. The use of the MICRO-88 system has increased the efficiency of the physical examination department and reduced physical examination processing time.

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HEADLINE: Chief Sees Challenge and 'Grabs for It'

USNH Yokosuka, Japan (NSMN) -- Marine Recon. Antarctica. Navy SEALs. The Liberation of Kuwait. Japan.

Life in the Navy for HMC(SW/PJ) Alex Guerrero, independent duty corpsman, has been exciting ... and challenging.

His secret for success is: "Go and challenge it. The challenge is there -- grab for it." As career counselor for U.S. Naval Hospital Yokosuka, it's his job to advise people on planning a successful life, whatever their career choice is.

"No matter if they want to stay in the Navy or get out of the Navy, I'm here for them," he said. Guerrero arrived at USNH Yokosuka in June, and in his first three months on the job had seen 400 people in his office and made countless phone calls on staff members' behalf. He's maintained a challenging pace on behalf of the staff.

"I'm here to help them out," he explained.

As career counselor, the chief helps facilitate extensions ("a lot of extensions; a lot of people love it here"), returns, reenlistment requests and negotiations for orders. He serves as Transition Assistance Management Program Officer to help staff members who are leaving the Navy for civilian life.

Another big part of Guerrero's job, assisted by HM2 E. Brown, is awards. Official recognition in the form of medals, letters and other awards are coordinated via the command master chief's office by the command career counselor. The chief coordinates periodic award ceremonies.

He said he's found, however, that the most effective recognition is simple and easy: "From what I've learned, just a

'thank you' or 'good job' at the end of the day is worth more to people. A little 'thank you' from your boss can keep you motivated."

Shortly after he was born in Burbank, CA, Guerrero moved to San Antonio, where he lived for the next 19 years. He graduated from Robert E. Lee High School, where he went through three years of Army ROTC.

"A buddy came over and said he was joining the Navy. I said, 'Navy?' He said, 'Yeah, they've got the best medical schools.'"

He and his friend had their seabags packed for Vietnam when their orders were cancelled and the war in Southeast Asia ended. His friend got out as an operating room technician, but Guerrero continued his career, serving with the Marines, SEALs, aboard ships, on a Mobile Sea Base, and on the sands of Southwest Asia.

A recent test of his career training came in Operation Desert Storm. He and his team of hospital corpsmen responded to a medical emergency. A grenade had exploded, killing one Marine and wounding three others, including one of his corpsmen.

"We responded, triaged, treated, tagged and medevac'd everyone in 15 minutes," remembers the chief. "It was quick, and all we learned came as instinct, to save lives."

When it was all over, the Marines told Guerrero and his team, "We have the greatest confidence in you docs." One Marine staff sergeant told him, "If anything happens to me, I want you to take care of me."

One of the challenges he faces as the naval hospital's career counselor is moving from bullets, flying shrapnel and bandages to computers, detailer phone calls and paperwork. "I'm trying to be a tactful Sailor when I came from a place where everyone was a tiger."

When Guerrero arrived in Yokosuka, Command Master Chief HMCM(SW) Tilton recruited him for career counselor. "I told the Master Chief, 'It's a challenge. I'll do it.'"

Story by Bill Doughty

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HEADLINE: Reengineering Medical Care at NAVHOSP Charleston

NAVHOSP Charleston, SC (NSMN) -- Naval Hospital Charleston had a ceremony celebrating the grand opening of the Primary Care Group Practice Teams and the Primary Care Center on 3 November 1994.

Back on 3 October, Naval Hospital Charleston entered a new era of health care delivery with the establishment of three multi-specialty, Primary Care Group Practice Teams (Teams). The transition to Teams signals the implementation of a new strategic plan that focuses on improving beneficiary access to health care and maintaining the high quality of health care.

The reengineering involved the combining of five clinical departments (Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Surgery) and the establishment of three multi-specialty Teams. Each Team is staffed with at least one provider from each of the five clinical departments, with each Team having approximately 10 physicians. In addition,

two independent duty corpsmen and a nurse practitioner are included in each Team as physician extenders.

Another part of the hospital reengineering is the new Primary Care Center (PCC). The PCC replaced the existing Ambulatory Care Clinic on 1 November. Using a family practice provider approach, the PCC, in combination with the Teams, will treat an assigned group of patients, allowing greater continuity of care for the patient. The military beneficiary is placed with a team of providers who will deliver all primary care and will make referrals for specialty care.

Assignment to a Primary Care Team improves access, allows continuity of care and medical specialty referrals and ensures the appropriate level of care for beneficiaries. Medical care in the civilian community is moving to assignment-based primary care for the same reasons.

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HEADLINE: Quitting Smoking Helps Pulmonary Disease

AMA Chicago (NSMN) -- Victims of chronic obstructive pulmonary disease (COPD), the fourth-leading cause of death in the United States, experience significant reduction in forced expiratory volume (FEV) from quitting smoking, but only relatively small improvement by using a bronchodilator, according to an article in last week's Journal of the American Medical Association.

Nicholas R. Anthonisen, MD, University of Manitoba, Winnipeg, and colleagues conducted the Lung Health Study (LHS) at 10 clinical centers in the United States and Canada to determine whether a program incorporating smoking intervention and use of an inhaled bronchodilator can slow the rate of decline in FEV in 5,887 smokers 35 to 60 years old who have mild obstructive pulmonary disease.

They found: "A comparison of the randomly assigned groups give the strongest evidence to date that smoking cessation results in substantial benefit to lung function. The benefit, while most evident in the first year after cessation, continued to increase over the five years of the study. These results strongly support smoking cessation as the first and most important clinical intervention in smokers with mild airways obstruction."

The study also found: "Use of an inhaled anticholinergic bronchodilator results in relatively small improvement in FEV that appears to be reversed after the drug is discontinued. Use of the bronchodilator did not influence the long-term decline of FEV."

In an accompanying editorial, Nicholas J. Gross, MD, PhD, Stitch School of Medicine, Loyola University of Chicago, Maywood, IL, says the information contained in the study is valuable for setting the tone for future research into COPD.

He writes: "Further analysis of the data is going to tease out all sorts of important information about the disease. From this aspect alone, one can say the expense and efforts of such a large clinical trial will definitely turn out to have been worth it. The study is a landmark in COPD research."

He also writes: "Obviously, not many studies of this size and duration can be done, given the constraints under which the National Institutes of Health functions and the problem of making a long-term financial commitment when its budget has to be fought for and defended each year in an era of deficit reduction.

"However, as the United States tries to move toward affordable and universal health care, it makes eminent sense to look at the major causes of morbidity and medical cost and to seek ways to minimize both. Clinical trials are the only way to obtain confident answers to these big clinical questions.

"When one considers the gigantic annual cost of a common disease like COPD, the investment in clinical studies that could indicate ways to alter the course (and cost) of the disease is, again, well worth it. The LHS has given the clinical research community the expertise to conduct such studies and sets a very high standard for future studies."

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HEADLINE: GRAND ROUND ABSTRACTS

NDC San Francisco, CA (NSMN) -- Headquarters, Naval Dental Center San Francisco, Branch Medical Clinic and Branch Dental Clinic Treasure Island joined together for the Bay Area Combined Federal Campaign 1994. The three commands sponsored a "Pie-in-the-Face" contest, with staff members voting for their favorite contenders, resulting in a five-person "Pie Court" of the top vote recipients. HM1 Sonji Bucannon was elected the "Pie Queen" and her court consisted of HMC David Knapp, HM1 Dwayne Hammond, DTC Edgardo L. Bagsic and DT1 Michael O. Dodson. "Virgin" pies were auctioned to the highest bidder with the remainder for sale at a nominal fee. The event raised over \$600 for the CFC and made a significant mess of the ambulance bay.

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NRC Arlington, VA (NSMN) -- The September issue of Navy Recruiter listed Recruiters of the Month for July 1994. Congratulations to HMCS Robert Bain, Officer Recruiter for Philadelphia; HMC Anthony Compton, Officer Recruiter for Memphis, TN; HM1 William Nolan, Officer Recruiter for Pittsburgh; and HM1 Terry Fredricson, Officer Recruiter for Richmond, VA.

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NAMRL Pensacola, FL (NSMN) -- CDR Michael H. Mittleman, an optometrist and aerospace physiologist, was presented the Ashton Graybiel Ward for 1993-1994 Best Scientific Publication of the Year. Mittleman, the assistant department head of Research at the Naval Aerospace Medical Research Laboratory, received the award for his publication, "Contact Lenses in Aviation: The Marine Corps Experience."

Another NAMRL employee, Richard G. Olsen, PhD, was honored for his contributions in bioengineering research. Olsen, head of NAMRL's Bioengineering Division and a leading Navy authority on bioelectromagnetics, was selected for the 1994-1995 edition of "Who's Who in Science and Engineering." Olsen has more than 15 years experience in radio frequency and microwave dosimetry.

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HEADLINE: HEALTHWATCH: Dealing with Depression -- Cues and Cures
NAVBASE Norfolk, VA (NSMN) -- Do you find it difficult to concentrate and to make decisions? Feel worthless or guilty? Have trouble sleeping, or sleep too much? Take no interest in activities that once brought you pleasure?

While everyone experiences some of those symptoms every once in a while, feeling that way all the time may mean you're suffering from clinical depression. Other symptoms include sluggishness or restlessness, fatigue or energy loss, frequent thoughts about death or suicide, and sudden weight loss or gain.

Depression sometimes is mistakenly viewed as a character flaw or personal weakness. In reality, it is a serious medical condition that requires treatment. It is most common among women of reproductive age; about 10 percent are clinically depressed.

An episode of depression can usually be treated successfully with therapy or medication, or a combination of both. The choice depends on the exact nature of the illness.

Unfortunately, three-quarters of all cases go untreated and in most cases undiagnosed. To counter this, OB/GYNs and other primary care physicians are beginning to screen their patients for signs of depression.

Your physician may ask a general question, such as "How are things at home?" or you may be asked to fill out a questionnaire specifically designed to evaluate your mood.

You can trust that your physician will be able to distinguish between depression and normal grief. Grief, like depression, may result in a loss of appetite and energy, changes in sleeping habits and overwhelming feelings of sadness.

But grief is temporary. Unlike depression, it does not cause a loss of self-esteem and the effects will usually lessen with time.

It is untrue that depression occurs "normally" after childbirth or during menopause. Both events can be stressful, but if they trigger depression, it should be diagnosed and treated.

Women who are depressed before or during their pregnancy should be carefully evaluated for treatment options, including whether to begin or continue taking antidepressant drugs. Those medications may have side effects, but in some cases the benefits to the patient may outweigh potential harm to the fetus.

If you feel depressed, by all means seek advice from your physician. Talking about your concerns and problems may help. Your physician will treat you or refer you to a specialist or social service agency.

With treatment, you soon can be back to your old self again.
Story by Richard S. Hollis, MD
Reprinted from The (Naval Base Norfolk) Flagship, 4 August 1994

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HEADLINE: EDITORS NOTE: NSMN Takes a Holiday
BUMED Washington (NSMN) -- This is the last issue of the Naval Service Medical News for a couple of weeks. The next

issue, NSMN 94-46, will hit the streets 16 December. Enjoy your holidays and "see" you in three weeks.
Story by the editor, NSMN

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3. The SPOTLIGHT ON section focuses on a Navy Medical Department command or facility -- or a unit -- and highlights its mission, accomplishments, goals and/or history. Put the spotlight on your command -- send your story to the editor (see the last paragraph of this message on how to do so).

HEADLINE: SPOTLIGHT ON ... SPRINT On Call for Emergencies

NNMC Bethesda, MD (NSMN) -- When a disaster occurs, there is always more damage than meets the eye. Television regularly shows graphic pictures of floods, earthquakes, fires, hurricanes or anything else TV moguls believe we will watch but, more often than not, the damage that cannot be seen is more lasting and debilitating.

That is, of course, psychological damage.

Houses can be rebuilt, bridges can be repaired, streets can be repaved. That is the easy part. But what can be done to help the survivors who cannot seem to get the memory of what they just went through, what they just lost, the actions they just failed to take, out of their minds?

Enter SPRINT -- the Navy's Special Psychiatric Rapid Intervention Team. SPRINT's mission is to provide help to military people and commands, and in July the National Naval Medical Center Bethesda's SPRINT went to Marine Corps Logistics Base in Albany, GA.

The team for that mission was led by CDR Michael Dinneen, MC, a psychiatrist, and included CDR Dennis Caulkins, MSC, a psychologist; chaplain LT Lee Becknell, CHC; psychiatric nurse LTjg Mary Kelly, NC; and HM3 James Botkin, a psychiatric technician.

When they arrived in Georgia, they were prepared to deal with disrupted lives, anger, pain and all the other feelings that come as a result of a disaster. What they were not prepared for was that the flood waters were filled with sewage, and that meant that most belongings had to be thrown away.

Dinneen explained, "The elderly are more susceptible. When you get to be elderly, you look back on your life ... all the things you've done, and you hold onto your memories. A lot of those memories got washed away and can never be regained."

Children are also at great risk for lasting trauma.

Caulkins explained what the team did. "We met with groups. People would tell what they did, what they didn't do, what happened as they were trying to get out. In the process, feelings came out. We wrote comments they made on a board, and the act of writing provided validation. They found out that everyone else was experiencing the same feelings, and that knowledge itself is curative.

"We advised them not to make any major life decisions at that time.

"It is not uncommon when something like this happens to

think, 'The heck with it. I'm just going to walk away and move to the mountains where I can never be flooded out again.'

"Also, trauma like this can bring back prior traumas. A man in one of our groups felt like he was back in an Alaska earthquake. Another thought he was back in Vietnam. Prior traumas can come back."

Along the same lines, psychiatric tech Botkin added that there was an incident where a couple of MPs who worked there were called because a baby was choking. The baby died, and that, on top of the flood, was potentially overwhelming to them.

Becknell, the chaplain of the group, explained that members of the team each had a slightly different approach. "I was dealing with people who were angry at God. I let them know that it was OK to be angry at God and encouraged them to express that anger, told them that God can take care of Himself. They found that comforting.

"Also, they thought God was punishing them, and as a chaplain I fit real well into dealing with that. I just used common sense and said things like, 'If God is punishing you, why does he have to cause thousands of others to suffer too?'

"They sort of work that through, then come to realize that God wasn't punishing them, it was just something you can't explain. I just tell them that sometimes bad things happen to good people."

Kelly, the psychiatric nurse, said that the thing she remembers most about the people they tried to help was their facial expressions. "You could see them trying to make sense of it, to understand. They didn't want to be bitter, but their lives had been interrupted.

"There were a lot of trust issues. On top of everything else, contractors had come to town and were trying to rip the people off. I believe that our working as a team was important. They saw us as a family unit, and that gave them hope that they could put their own families back together."

Members of SPRINTs -- the Navy has four, at Bethesda, Naval Medical Centers San Diego and Portsmouth, VA, and Naval Hospital Bremerton, WA -- are ready to take off at a moment's notice should the need arise. And after a mission, they leave a legacy of help and self-help behind.

Story by Teal Ferguson, reprinted from The Journal, 1 SEP 1994

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4. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

December Meetings:

-- 6-9 December 1994, NAMI Naval Aeromedical Problems Course, Pensacola, FL. The theme is "Women in Combat." For information contact the NAMI Academics Department at DSN 922-2741/8365, (904) 457-274/8365. E-mail inquiries should be addressed to code326@amd2.med.navy.mil.

-- 5-9 December 1994, annual Navy and Marine Corps Medical

Logistics Conference, Gaithersburg, MD. Contact LT Gary Waters, MSC, at (301) 619-7167 for information.

-- 13 December 1994, AMA Mental Health Developments in Identification and Treatment, New York. Call Ray McNally at (312) 464-4843 for information.

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5. Events and observances for December:

DECEMBER

National Drunk and Drugged Driving (3-D) Prevention Month -- Take a Stand! Friends Don't Let Friends Drive Drunk (POC Tom Priesman, 804/444-1470, -3344; DSN prefix, 564; or write to Commander, Naval Safety Center (Code 421), 375 A St., Norfolk, VA 23511-4399.)

Safe Toys and Gifts Month (Sponsored by National Society to Prevent Blindness, 1-800-331-2020)

1-7 December: National Aplastic Anemia Awareness Week (1-800-747-2820)

1 December: World AIDS Day, "AIDS and the Family" (202/466-4883)

3 December 1945: United Nations Charter signed

3 December: Army-Navy Game (Philadelphia, PA)

5 December: Hanukkah ends

7 December 1941: Pearl Harbor attacked

10 December 1964: Martin Luther King Jr. won Nobel Prize

10 December: Human Rights Day

10 December 1898: U.S. acquired Guam, Philippines

10-16 December: Human Rights Week

15 December: Bill of Rights Day; Bill of Rights ratified, 1791

18 December 1865: Slavery abolished

21 December, 2123: Winter Solstice

25 December: Christmas

25 December 1821: Clara Barton, founder of the American Red Cross and its first president, born

26 December: Whiner's Day

26 December - 1 January: KWANZAA (African-American family observance since 1966 in recognition of traditional African harvest festivals. It stresses unity of the African-American family with a community-wide harvest feast (karamu) held on the seventh day. KWANZAA means "first fruit" in Swahili.)

31 December: New Year's Eve

31 December: Make Up Your Mind Day

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HEADLINE: World AIDS Day -- 1 December 1994

CDC Atlanta (NSMN) -- "AIDS and the Family" is the theme selected by the World Health Organization's Global Program on AIDS (WHO/GPA) for the seventh annual World AIDS Day, 1 December 1994. This theme focuses on the crucial role of families in responding to the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) pandemic. Families (defined by WHO/GPA as a group of persons linked by feelings of trust, mutual support and a common destiny) can help reduce the risk for HIV

infection among members and provide care for members who develop HIV infection or AIDS. An estimated 17 million persons worldwide have been infected with HIV since onset of the pandemic, and each day 6,000 additional persons become infected. WHO/GPA estimates that by the year 2000, approximately 10 million children will have been orphaned because their parents died as the result of HIV infection.

Additional information about HIV infection, AIDS and World AIDS Day is available from the CDC National AIDS Hotline (NAH) and the CDC National AIDS Clearinghouse (NAC). NAH provides information about HIV/AIDS, refers callers to services in their community, and places orders for HIV/AIDS publications; NAC provides educational materials and information on AIDS service organizations, funding sources, and drug trials. The telephone numbers for NAH are 1-800-342-2437; Spanish, 1-800-344-7432; TTY/TDD, 1-800-243-7889. The telephone number for NAC is 1-800-458-5231 or (301) 217-0023.

Reported by: Global Program on AIDS, World Health Organization, Geneva. Office of Associate Director (HIV/AIDS), Office of the Director, Centers for Disease Control.
Reprinted from CDC's Morbidity and Mortality Weekly Report of 18 November 1994

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6. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793, DSN 294-0793. FAX (202) 653-0086, DSN 294-0086. E-MAIL NMCOENL@BUMED10.MED.NAVY.MIL//

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